NOTICE OF FEE DUE

DATE:	10-27-04		
TO:	Issul Rec		
FROM:	Office of Initial Patent Exam	mination	•
SUBJECT:	Fee Due		
APPLICATION NUMBER 109 /919 702			
Office for the authorization	for the attached document sub- e following reason. Please che to charge a deposit account. fee. If an authorization is not	ck the application If an authorization	for the appropriate
Insufficient fee by-eheck Cicolit Cord			
Insufficient funds in deposit amount			
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Non-authorization for charge to deposit account			
No fee sub	mitted per requirement		
The correct fee	code: ISD	amount	s 685
The suspended i	fee code: 1999	amount	s 665
Fee Due		amount	=\$
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If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz 703-308-3642			

Terminal Operator